



Medical PA Criteria Proposal

Medical Procedure Class:	DME Diabetic Shoes (A5500 NU, A5501 NU)
Date:	April 1, 2008
Prepared for:	MO HealthNet
Prepared by:	ACS-Heritage Information Systems, Inc.

☒ **New Criteria**

☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of diabetic shoes.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	A5500: For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf-depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe A5501: For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	
Setting & Population:	All MO HealthNet fee-for-service participants	
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>

Setting & Population

- Procedure Group for review: A5500; A5501
- Age range: All MO HealthNet fee-for-service participants

Approval Criteria

A5500:

The physician who is managing the patient's systemic diabetes condition is an MD or DO and has certified the diagnosis and medical condition, and is treating the patient under a comprehensive plan of care; and

Patient has Diagnosis of 250.00-250.93; and one of the following medical conditions:

- Previous amputation of the other foot, or part of either foot; or
- History of previous ulceration of either foot; or
- History of pre-ulcerative calluses of either foot; or
- Peripheral neuropathy with evidence of callus formation of either foot; or
- Foot deformity of either foot; or
- Poor circulation in either foot; and

A5501:

- All the criteria for A5500 are met and the medical record documents the patient has a foot deformity that cannot be accommodated by a depth-inlay shoe.

Approval Diagnosis Codes:

Submitted ICD-9 Diagnoses	Date Range
250.00-250.93	12 Months

Denial Criteria

- Diagnosis criteria for diabetic shoes is not met
- Medical condition criteria (as listed under Approval Criteria) for diabetic shoes is not met

- The following criteria are not met: The physician who is managing the patient's systemic diabetes condition is an MD or DO, has certified the diagnosis and medical condition, and is treating the patient under a comprehensive plan of care.

Approval Period

- Quantity limit of one pair per year.